

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42920

State File No. _____

Registrar's No. 11271

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1005		State File No. _____		Registrar's No. 11271			
1. PLACE OF DEATH a. COUNTY <u>City</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>City</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>					c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 12, Mo.</u> <u>2059</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>					e. STREET ADDRESS (If rural, give location) <u>5711 Cates Ave.</u> <u>0</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALFRED</u>			b. (Middle) <u>THOMPSON</u>			c. (Last) <u>THOMPSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 30, 1950</u>		
5. SEX <u>0</u> <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 26, 1901</u>		9. AGE (In years last birthday) <u>49</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pauper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Western Union</u>				11. BIRTHPLACE (State or foreign country) <u>London, England</u> <u>4</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Thompson</u>				13b. MOTHER'S MAIDEN NAME <u>Minnie (unknown)</u>				14. NAME OF HUSBAND OR WIFE <u>Posey Thompson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>*****</u>				16. SOCIAL SECURITY NO. <u>497-09-8531</u>				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Posey Thompson, 5711 Cates Ave. St. L.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.					MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic ulcerative Colitis</u> DUE TO (c) <u>Pertinitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> <u>16 years</u> <u>30 days</u>	
19a. DATE OF OPERATION <u>12/23/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>as above</u>				20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>154</u>	
22. I hereby certify that I attended the deceased from <u>12/20</u> , 19 <u>50</u> , to <u>12/31</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12/30/50</u> , 19 <u>50</u> , and that death occurred at <u>11</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>Walter J. Sauer</u> (Signature or title)					23b. ADDRESS <u>634 N. Grand</u>					23c. DATE SIGNED <u>1/2/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan 2, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co.</u> <u>110</u>					
DATE REC'D BY LOCAL REG. <u>JAN 2 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lantz</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>6175 Delmar Blvd.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed Jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Pellmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.